

# REPLACEMENT DWELLING CERTIFICATION

0657 (06/23(12/14))

OCCUPANT NAME(S)	ADDRESS OF REPLACEMENT PROPERTY
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<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Mobile Home	Sleeping or Dormitory Type Room
<input type="checkbox"/> Apartment or Duplex	<input type="checkbox"/> Other _____	

GENERAL CONDITION OF REPLACEMENT HOME		BATHROOM FEATURES					
Yes	No	Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conforms to State and Local Codes	Separate, Private Bathroom Area		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Heating System (capable of maintaining 70 degrees)	Well Lighted		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Electrical System	Properly Ventilated		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Structurally Sound and Weather tight	Contains Sink and Bathtub or Shower Stall with Hot and Cold Running Water		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate and Safe Water Supply	Contains a Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Sewage Disposal System	Fixtures in Good Working Order		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Living Space for Person/Family	Fixtures Connected to Sewage Disposal System		
<input type="checkbox"/>	<input type="checkbox"/>			Two means of Ingress/Egress	KITCHEN FEATURES		
<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Clean, Sanitary and Well Maintained	<input type="checkbox"/>	<input type="checkbox"/>	Has a Kitchen Area
HANDICAPPED ACCESSIBILITY		<input type="checkbox"/>	<input type="checkbox"/>	(When Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Sink in Good Working Order
Yes	No	<input type="checkbox"/>	<input type="checkbox"/>		Sink Has Hot and Cold Water Supply		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sewage Disposal System		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Range Space with Utility Connections		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Refrigerator Space with Utility Connections		

REMARKS	

## THIS CERTIFICATE IS NOT A WARRANTY OR GUARANTEE

As of this date, the premises are satisfactory for residential use. The agency, its officers and employees shall not be liable for any injury or damage, including incidental or consequential damages, claimed to be the result of any failure to discover or report code violations or property defects.

## CERTIFICATION

I hereby certify that the replacement dwelling has been inspected. The replacement dwelling ☐ IS ☐ IS NOT found to be decent, safe and sanitary for relocation payments. No other representation is intended.

INSPECTOR (Signature)		NAME/COMPANY	DATE
JOB NO.	PARCEL	NAME	
LOCAL AGENCY NAME			